



ARKANSAS STATE POLICE

ASP-40A
(05/01)

Regulatory Services Section Concealed Handgun Certification Of Training Renewal Application Form

The applicant and the firearms safety training instructor attest to the successful completion of the required training for the renewal of a concealed handgun license as provided in ACA 5-73-318.

Practice Instructor: _____
(First/MI/Last Name)

Training Hours: _____

Completion Date: _____
(Month/Day/Year)

This is to certify that the applicant has successfully demonstrated proficiency in the use of the type of handgun(s) noted below. This being done on a live-fire range by utilizing _____ hours

training time. Completion date of live-fire range: _____
(Month/Day/Year)

Applicant has successfully and safely qualified with one or both of the following types of weapons:

Semi-Automatic Handgun: Yes ☐ No ☐

Other Handgun: Yes ☐ No ☐

NOTICE TO TRAINING INSTRUCTOR AND APPLICANT

Providing false information on this application form is a violation of Arkansas Law and is punishable to the limits as set forth in ACA 5-73-305.

STATEMENT OF OATH

The training instructor states that the representations made herein are true and correct in every way. The applicant, by attaching this form to their concealed handgun application, attest under oath to the same.

Print or Type Name of Applicant

Print or Type Name of Instructor

Signature of Applicant
(First/MI/Last Name)

Signature of Instructor
(First/MI/Last Name)

Instructor's Certification Number